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APPENDIX D

INSTRUCTIONS FOR COMPLETING THE PATIENT INTENSITY RATING SYSTEM REVIEW (PIRSR)

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APPENDIX D

INSTRUCTIONS FOR COMPLETING THE PATIENT INTENSITY RATING SYSTEM REVIEW (PIRSR)

PREFACE

The Virginia Patient Intensity Rating System Review (PIRSR) form arose out of an evaluation of the nursing facility reimbursement approach undertaken by DMAS consultants in 1986 and again in 1988. It builds upon and incorporates items used in other states as well as the experience in Virginia nursing facilities themselves.

The review form is designed to be used in the reimbursement classification system only. Thus, it includes items that researchers and other states have demonstrated to be key indicators of the need for nursing and therapy staff time. The review form is not designed to record every difference among nursing facility residents or to provide the level of detail necessary for care planning.

The PIRS form is an abbreviated and adapted version of the DMAS-95 (developed by Angela Falcone) and, thus, replaces it in all nursing facilities. The instructions and definitions are the same. Many of the functioning status items have been collapsed, but the definitions of what constitutes mechanical and human assistance have not changed.

Virginia has adopted the Health Care Financing Administration's Minimum Data Set instrument to record comprehensive assessment data required for the proper care planning of nursing facility residents.

Effective July 1, 1992, a revised PIRS form was implemented. After being used for a year, the original form was changed to make it more understandable for the provider and to meet Pre-Admission Screening and Annual Resident Review (PASARR) requirements. Data regarding common errors submitted to DMAS on the PIRS form were reviewed in the revision process.

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GENERAL INSTRUCTIONS FOR COMPLETING THE VIRGINIA PATIENT INTENSITY RATING SYSTEM REVIEW FORM (PIRSR)

1. Read the instructions thoroughly and refer to them when completing the Patient Intensity Rating System Review (PIRSR) form.
2. The PIRS is divided into five sections as follows:

Section I	Identification Information
Section II	Summary of Providers
Section III	Medical Status
Section IV	Functioning Status
Section V	Rehabilitation Services Currently Received
3. **Who should complete the form?** The focus of PIRS is on the nursing resource needs of the resident so a registered nurse familiar with the resident's needs and functioning status should complete the review form. Both the registered nurse completing the form and the administrator are required to sign the form certifying that all information is accurate and is documented in the resident's medical record.
4. **For which residents should the form be completed?** Only residents who are currently Medicaid-eligible and have received their Medicaid numbers from the local Department of Social Services. A form can be completed on a resident whose eligibility is pending, but do not submit it to DMAS until a MAP-122 and the Medicaid number have been received.
5. **When should the form be completed?**
 - At admission (when a new Medicaid resident is admitted, when a private pay resident converts to Medicaid, or when Medicaid eligibility has been reinstated after a lapse of more than 30 days).
 - Twice a year for every active Medicaid resident in a nursing facility. No update is required when a resident moves between classes. The only exception is when a resident is being transferred from a Specialized Care status within the facility. Refer to the Chapter VI for instructions on how to handle these residents.
6. **Answer ALL questions.** Fill out Sections I through III in their entirety. Place only one check mark for each question found in Sections IV through V.
7. Information cannot be used to complete the PIRS unless it is documented and readily available in the resident's medical record.

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INSTRUCTIONS FOR EACH QUESTION

Assessment Date: Enter in numerical format the month, day, and year the PIRSR is completed by a registered nurse.

Reason for submission: Check only one reason why the PIRSR is being completed:

- Admission (resident Medicaid-eligible or converting to Medicaid)
- 30-day Medicaid ineligibility
- UR/PIRS (biannual update)
- Change from Specialized Care

I. Identification Information

1. **Resident Name:** Print full name (last name first) with middle initial as found on the Medicaid card or the DMAS Eligibility Card Replacement Listing. Do not use nicknames.
2. **Birth Date:** Enter in numerical format the month, day, and full year of the resident's date of birth.
3. **Sex:** Check the appropriate box for male or female.
4. **Medicaid Number:** Do not leave blank. Use the 12-digit number provided on the MAP-122, Medicaid card, or the Eligibility Card Replacement listing. The letters following the number are not needed.
5. **Social Security Number:** Do not leave blank. Only use the number specifically designated for the resident and not the spouse's number.

II. Summary of Providers (THIS SECTION IS NEEDED FOR THE ADMISSION REVIEW PROCESS AND ASSIGNMENT OF A CONTROL NUMBER. COMPLETE IN ITS ENTIRETY.)

6. **Prior Provider:** In order for DMAS staff to determine whether a Nursing Home Preadmission Screening was required for admission reviews only, these lines must be completed in their entirety for the last **TWO** most recent providers of care. Addresses are not required, but include a city that will denote the location or which facility in a chain is submitting the data. An admission date and a discharge date are required. If there is a delay between the discharge date of the prior provider and the admission date of the current provider, a note should be attached for an explanation of this gap. If the resident was not in another nursing facility or hospital prior to admission, write "admitted from home or the community."
7. **Current Provider:** The current provider is the facility submitting the form. Complete this line in its entirety or reimbursement may be delayed. The provider number must be the 7-digit number assigned to the facility by DMAS

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as of the October 1, 1990, conversion to nursing facility care. The admission date, entered in numerical format of month, day, and year, should be the date the resident was originally admitted to the facility. If the resident was formally discharged and readmitted, use the most recent date of admission. However, if the resident leaves the facility but is not formally discharged, use the original admission date and not the date the resident returns. Do not complete the discharge date field unless the resident has been formally discharged (i.e., is discharged home permanently, or has expired).

8. **Current Payment Source:** Check only one box:

- Nursing Facility/Medicaid Only
- Medicare/Medicaid Co-pay (This box should be checked when the resident meets Medicare skilled care criteria and resides in a Medicare-certified bed.)

III. Medical Status

9. **Paralysis/Paresis:** Paralysis is the loss of voluntary motion of a part of the body with or without the loss of sensation. Paresis is partial or incomplete paralysis. This item requires three levels of information; place a check in each level to fully describe the resident. If the resident does not have paralysis/paresis, check none. The first level of information required designates the type of paralysis/paresis as follows:

- Monoplegia/paresis is paralysis of a single extremity or part of the extremity.
- Hemiplegia/paresis is paralysis of one half of the body, either right or left side, including both the arm and the leg.
- Paraplegia/paresis is paralysis of the lower half of the body, including both legs.
- Triplegia/paresis is paralysis of the body, including the leg and arm of one side and one extremity on the opposite side.
- Bilateral Hemiplegia/paresis is hemiplegia of both sides of the body.
- Quadriplegia/paresis is paralysis of the body, including all four extremities.

The second level of information designates whether a previous rehabilitation program has been completed. This can be therapy or other restorative programs, or both. The third level of information is the onset of the condition which refers to the point in time when each paralysis occurred. Check whether the onset has been more than a year or one year or less.

10a. Diagnoses: Enter the five-digit codes as indicated below for the three primary active diagnoses related to current ADL, cognitive or behavior status, medical treatments or risk of death. If none apply, enter "00000."

MENTAL RETARDATION, PASARR (31900)

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ALCOHOLISM, SUBSTANCE ABUSE (30300)

RENAL FAILURE, END STAGE (58500)

MUSCULOSKELETAL, GENL (71500): Includes all general disorders of the musculoskeletal and connective tissue systems.

SPINAL CORD INJURIES (95300)

BRAIN/SPINAL CORD/NERVES, GENL (78100): Includes all general neurological disorders except those listed separately. Examples are muscular dystrophy, parkinsonism, cerebrovascular disease, strokes, cerebral thrombosis.

MENTAL ILLNESS, PASARR (29600): Includes schizophrenia, paranoid, major affective, schizoaffective disorders, atypical psychosis.

RELATED MR CONDITIONS, PASARR (34300): Epilepsy or cerebral palsy (onset less than age 22).

SEIZURE DISORDERS (34500): Includes seizure disorders other than epilepsy.

DEGENERATIVE NEURO DISEASE (34000): Includes, but not limited to, Multiple Sclerosis, Huntington Chorea, Amyotrophic Lateral Sclerosis, Neurofibromatosis, Charcot-Marie Tooth disease, Polio.

PSYCHIATRIC, GENERAL, NON-PASARR (30000): Includes Organic Brain Syndrome, Chronic Brain Syndrome, Dementia, Senility.

DIGESTIVE/LIVER/GALL BLADDER, GENL (53700): Includes all disorders of the digestive system, liver, gall bladder and intestine other than cancer. Also includes nutritional and metabolic disorders.

CANCER (19500): Includes malignancies of all systems. Also includes leukemia.

HEART/CIRCULATION, GENL (41000): Includes all circulation disorders of the heart and vessels.

TRAUMA TO THE BRAIN (85000)

ENDOCRINE, GENL (51900): Includes all disorders of the endocrine glands, including diabetes mellitus.

RESPIRATORY DISORDERS, GENL (49280)

ALZHEIMER'S DISEASE (33100)

AIDS (04200)

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10b. Joint motion is the movement of bones at their junction. The type of motion is dependent on the anatomical design of a particular joint.

- Within Normal Limits means the joints can be moved to functional motion without restriction.
- Limited Motion means partial restriction in the movement of a joint including any inflammatory process in the joint causing pain, redness, or swelling, or both, that limits the motion of the joint.
- Instability Corrected refers to a joint(s) which does not maintain functional motion or position, or both, when stress or pressure is applied but has been corrected by the use of an appliance or by surgical procedure.
- Instability Uncorrected refers to a joint(s) which does not maintain functional motion or position, or both, when stress or pressure is applied, and the disorder has not been surgically corrected or an appliance is not used.
- Immobility means total restriction in the movement of a joint (e.g., contracture).

IV. Functioning Status

Functioning status information describes the way an individual performs activities of daily living, ambulation, and other movements, and the awareness and manner in which the individual interacts with his or her environment. These variables have been found to be the most predictive of the type and amount of nursing care required as well as a measure of progress when the individual is reassessed over time. The items are defined in objective terms so that the assessment describes the way the activity is actually performed, not how it could or should be performed by the individual. The items should be completed based upon how the resident usually performs each activity.

Some of these items are an adaptation of the items found on the DMAS-95. For PIRS, five levels of detail for each ADL were not necessary.

11. **Bathing:** The process of washing the body or body parts, including getting to or obtaining the bathing water or equipment, or both, whether this is bed, shower, or tub.
 - **Bathes Independently or With Mechanical Assistance Only:** Resident usually completes the entire bathing process unaided or receives help to bathe one part of the body only or uses equipment or a device, or both, to complete the bathing process. Examples of equipment or device includes shower or tub chair, grabrails, pedal- or knee-controlled faucet, long-handled brush, and mechanical lift.
 - **Bathes With Some Human Assistance:** Resident usually receives assistance from another person(s) who may bring water equipment, bathe

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some body parts, fill the tub with water, towel dry, observe, supervise, or teach the individual to bathe self AND may use equipment or a device.

- **Is Bathed by Staff or Does Not Bathe:** Resident is completely bathed and does not participate in the activity or bathing is not performed at all.
12. **Dressing:** The process of putting on, fastening, and taking off all items of clothing, braces, and artificial limbs that are worn daily by the resident including obtaining and replacing the items in and from their storage area.
- **Dresses Independently or With Mechanical Assistance Only:** Usually completes the dressing process unaided, or receives help in tying shoes only OR uses equipment or a device to complete the process. Equipment or device may include a long-handled shoehorn, zipper pulls, Velcro fasteners, adapted clothing, and a walker with attached basket or other device to obtain clothing.
 - **Dresses With Some Human Assistance:** Receives assistance from another person(s) who helps the individual in obtaining clothing, fastening hooks, putting on clothes, braces, observes, supervises, or teaches the resident to dress self AND may use equipment or a device.
 - **Is Dressed by Staff or Does Not Dress:** Resident is completely dressed by another person or is bedfast and not dressed.
13. **Toileting:** The process of getting to and from the toilet room for elimination of feces and urine, transferring on and off the toilet, cleansing self after elimination, and adjusting clothes.
- **Toilets Independently or With Mechanical Assistance Only:** Uses toilet room for elimination or uses equipment or a device to get into or out of the toilet room, or other device to complete the toileting process. Equipment or device may include raised toilet or seat, handrails, wheelchair, walker, cane, or transfer board.
 - **Toilets With Some Human Assistance:** Receives assistance from another person(s) to complete the toileting process such as getting to and from the toilet (commode), adjusting clothes, transferring on and off the toilet, or cleansing after elimination AND may use equipment or device.
 - **Does Not Use the Toilet Room:** Resident usually uses a bedpan, urinal, or commode for elimination and does not use a toilet room. (Use of a commode for toileting if the individual also empties, cleanses, and replaces the receptacle without assistance from another person should be coded as toilets independently or with mechanical assistance only.)
14. **Transferring:** The process of moving horizontally or vertically, or both, between the bed, chair, wheelchair, or stretcher, or all.

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- **Transfers Independently or With Mechanical Assistance Only:** Resident completes the transferring process unaided OR uses equipment or a device to transfer. Equipment or device includes: sliding board, overhead pulley, trapeze, special bed, railings on bed, tub, toilet, walker, or the arm of a chair, etc.
 - **Transfers With Some Human Assistance:** Receives the assistance of another person(s) lifting some of the resident's body weight, guarding, guiding, protecting, or supervising in the process of transferring AND may use mechanical equipment or a device.
 - **Is Transferred:** The resident is lifted out of the bed, chair, etc., by another person(s) and does not participate in the process. This category also includes the use of equipment or devices such as a mechanical lift, Hoyer lift, etc.
 - **Is Not Transferred:** The resident is confined to the bed.
15. **Bowel Function:** The physiological process of elimination of feces from the bowel.
- **Continent, Incontinent Less Than Weekly, Ostomy - Self-Care:** The resident voluntarily controls the evacuation of feces, has involuntary evacuation of feces less than weekly, or completely cares for his or her ostomy. Ostomy is a surgical procedure that establishes an artificial anus by an opening into the colon (colostomy) or ileum (ileostomy).
 - **Incontinent Weekly or More:** The resident has involuntary evacuation of feces weekly or more.
 - **Ostomy, Not Self-Care:** Another person(s) cares for the resident's ostomy: stoma and skin cleansing, dressing, application of appliance, irrigations, etc.
16. **Bladder Function:** The physiological process of elimination of urine from the bladder.
- **Continent, Incontinent Less Than Weekly, Devices With Self-Care:** The resident voluntarily empties bladder, has involuntary emptying or loss of urine less than weekly, or completely cares for devices used such as an external device, indwelling catheter, or ostomy. An external device is a urosheath or condom drainage apparatus with a receptacle attached to collect urine. An indwelling catheter is a hollow cylinder passed through the urethra into the bladder and retained there to keep the bladder drained of urine. An ostomy is a surgical procedure that establishes an external opening into the ureter(s).
 - **Incontinent Weekly or More:** The resident has involuntary emptying or loss of urine weekly or more.

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- **Devices, Not Self-Care:** Another person(s) cares for the resident's ostomy or urinary devices.
17. **Eating/Feeding:** The process of getting food by any means from the receptacle (plate, cup, glass, bottle, etc.) into the body. This item describes the process of eating after food is placed in front of the resident.
- **Eats Independently or Mechanical Assistance Only:** The resident usually eats unaided or may use equipment or a device to eat. Equipment or device includes adapted utensils, plate guard, hand splint, suction dishes or nonskid plates, etc.
 - **Eats With Some Human Assistance:** Usually receives the assistance of another person(s) to bring food to the mouth, cut meat, butter bread, open cartons, or pour liquids AND may use equipment or a device. Mechanically adjusted diets such as ground, pureed, soft, etc., are not considered help.
 - **Spoon Fed:** The resident usually does not bring any food to his or her mouth and is fed completely by another person(s).
 - **Syringe or Tube Fed, Fed by IV or Clysis:** The resident is usually fed a prescribed liquid diet via a naso-oral-gavage tube or gastrogavage tube, or is fed a prescribed sterile solution intravenously or by clysis.
18. **Behavior Pattern:** The manner of conducting oneself within one's environment.
- **Appropriate:** Behavior is suitable or fitting to the environment. This does not refer to personality characteristics such as selfish, impatient, or demanding but is based on direct observations of the resident's actions.
 - **Inappropriate Wandering, Passive Less Than Weekly:** The resident's usual behavior is manifested in a way that does not present major management problems and occurs less than weekly. Wandering is characterized by physically moving about aimlessly or mentally being non-focused. Passive behavior is characterized by a lack of awareness or interest in personal matters or in activities taking place in close proximity, or both. Other behaviors such as impaired judgment, regressive behavior, agitation or hallucinations that are not disruptive are included in this category.
 - **Wandering/Passive Weekly or More:** Same as previous description but it occurs weekly or more.
 - **Abusive/Aggressive/Disruptive Less Than Weekly:** The resident's behavior is manifested by acts detrimental to the life, comfort, safety, or property of the resident, or all, or others, or all, and occurs less than weekly. Agitation, hallucinations, or assaultive behavior that is

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detrimental is included in this category.

- **Abusive/Aggressive/Disruptive-Weekly or More:** Same as previous description but it occurs weekly or more.
 - **Comatose:** Refers to the semi-conscious or unconscious state.
19. **Orientation:** The awareness of a resident within his or her environment in relation to time, place, and person.
- Oriented: Resident is aware of who he or she is, where he or she is, and what time, day, month, or year it is.
 - Disoriented-some spheres, some time: Resident is disoriented in one or two spheres, time only or time and place, some of the time. Some of the time refers to alternating periods of awareness-unawareness.
 - Disoriented-some spheres, all time: Resident is disoriented in one or two spheres and this is his or her usual state.
 - Disoriented-all spheres, some time: Resident is disoriented to time, place, and person (all three spheres) some of the time.
 - Disoriented-all spheres, all time: Resident is unaware of time, place, and his or her identity.
 - Comatose: refers to the semi-conscious or unconscious state.
20. **Mobility:** The extent of the resident's movement within his or her environment.
- **Goes Outside Independently or With Mechanical Assistance Only:** The resident goes outside the facility on a regular basis: e.g., goes to daughter's home weekly; goes to corner store, etc.; OR uses equipment or a device to go outside. Equipment or device includes braces, splints, special shoes, canes, crutches, walkers, wheelchairs, chairlifts, handrails, and special ramps.
 - **Goes Outside With Some Human Assistance or Confined and Moves About:** The resident usually receives the assistance or supervision of another person(s) to go outside AND may use equipment or a device, OR the resident does not customarily go out but goes outside of his or her room.
 - **Confined-Does Not Move About:** The resident usually stays in his or her room.
21. **Walking:** The process of moving about on foot; ambulation. This term includes such movements on artificial limbs.

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- **Walks Independently:** The resident usually ambulates more than a few steps between bed and chair.
 - **Walks With Mechanical Assistance Only:** The resident usually uses equipment or a device to walk. The equipment or device includes braces, splints, canes, crutches, special shoes, walkers, handrails, and furniture.
 - **Walks With Some Human Assistance:** The resident usually receives the assistance of another person(s) who provides physical support, guarding, guiding, protection, or supervision AND may use equipment or a device.
 - **Does Not Walk:** The resident does not usually walk. He or she may be helped to take a few steps from the bed to the chair, but this alone does not constitute walking.
22. **Wheeling:** The process of moving about by means of any device equipped with wheels (e.g., wheelchair, cart).
- **Does Not Wheel, Moves About:** The resident usually does not use a wheelchair to move about; the resident is not confined to bed or chair and walks.
 - **Wheels Independently or With Mechanical Assistance Only:** The resident propels the wheeled device unaided OR uses a wheeled device equipped with adaptations; e.g., power-driven (electric) chair, amputee wheelchair, one-arm drive, removable arm chair.
 - **Wheels With Some Human Assistance:** Another person(s) helps the resident in getting through doorways, locking and unlocking brakes, learning to use the wheelchair, or getting up and down ramps AND may use a wheeled device equipped with adaptations.
 - **Is Wheeled or Is Not Wheeled:** The resident is transported in a wheeled device but does not propel or guide it OR the resident is confined to a stationary chair or is bedfast.
23. **Communication of Needs:** The process of making known to others, by any means, one's desires or necessities, or both, for physical, mental, and social comfort.
- **Verbally or Nonverbally:** The resident transmits information about his or her needs effectively through the use of language, by pointing or other gestures, or written means, or all, which is understood by another person(s) responsible for providing care to the resident.
 - **Does Not Communicate:** The resident does not communicate information about his or her needs either verbally or nonverbally.

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V. Rehabilitation Services Currently Received

This section includes therapies that the resident is receiving at the time of the assessment. Therapies are specific treatments administered to a resident by a qualified physical therapist, occupational therapist, or speech-language pathologist to improve or resolve a complication or condition resulting from an illness or injury. Check the appropriate box to denote whether the resident is receiving any of the listed therapies at the present time.

24. **Occupational Therapy:** Means therapeutic modalities utilizing therapeutically creative or self-care activities for the purpose of improving function.
25. **Physical Therapy:** Means therapeutic modalities utilizing physical or mechanical means to relieve pain, develop or restore function, or maintain, or both, maximum performance.
26. **Speech-Language Pathology Services:** Means therapeutic services utilized to assist the individual to correct and improve speech and language disabilities.

Special Nursing Procedures

27. **Daily Dressing/Wound Care:** Dressing(s) includes decubitus dressing and other wound care performed **at least daily**. Refers to the medication and covering applied daily for the purpose of promoting a healing process, for exclusion of air, or for the absorption of drainage. This does not include hydrocolloid or occlusive dressings. Check the appropriate box. If "Yes" is checked, specify the sites, size and stage. See Chapter VI, page 36 for additional explanation.

Comments: Include information not otherwise addressed on the PIRS form that would assist in the determination that nursing facility criteria are met for this resident. This section is optional.

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TRANSLATION OF DMAS-95 & PIRSR (DMAS 80) ASSESSMENT DATA FOR PIRS

ITEMS FROM DMAS 95/PIRSR

COMPOSITE ADL RATING

1. Bathing (BATH)

- a. 0, 1
- b. 2, 3
- c. 4, 5

Bathing

- a. 0
- b. 1
- c. 2

2. Dressing (DRESS)

- a. 0, 1
- b. 2, 3
- c. 4, 5

Dressing

- a. 0
- b. 1
- c. 2

3. Transferring (TRANSF)/Walking (WALK)

- a. 0, 1 / not applicable
OR
5 /AND 0, 1
- b. 2, 3 / not applicable
- c. 4, 5 / not applicable

Transferring

- a. 0
- b. 1
- c. 2

4. Bowel (BOWEL)/Bladder (BLAD)

Continency

		B	O	W	E	L	
		0	1	2	3	4	5
B	0	0	0	0	1	2	1
L	1	0	0	0	1	2	1
A	2	0	0	0	1	2	1
D	3	0	0	0	1	2	1
D	4	0	0	0	1	2	1
E	5	1	1	1	1	2	1
R	6	2	2	2	2	2	2
	7	2	2	2	2	2	2
	8	2	2	2	2	2	2

- a. If bowel/bladder table= 0
- b. If bowel/bladder table= 1 OR
If bowel/bladder table= 2

- a. 0
- b. 2

5. Eating (EAT)

- a. 0, 1
- b. 2, 3
- c. 4, 5, 6

Eating

- a. 0
- b. 1
- c. 2

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6. Walking (WALK)/Wheeling (WHEEL)/Mobility (MOBIL)

Ambulation

		W	A	L	K	I	N	G
		0	1	2	3	4	9	
W	0	0	1	1	1	1	1	
H	1	2	2	2	2	2	2	
E	2	2	2	2	2	2	2	
E	3	1	1	1	1	1	1	
L	4	1	1	1	1	1	1	
I	5	1	1	1	1	3	1	
N	6	1	1	1	1	3	1	
G	9	1	1	1	1	1	1	

- If walking/wheeling table= 0
- If walking/wheeling table = 1
- If walking/wheeling table= 2, OR
If walking/wheeling table= 3, OR
If walking/wheeling table= 3,
AND mobility = 5

- 0
- 1
- 2

Composite ADL score (Total ADL) = Sum of ADL Ratings for Bathing, Dressing, Transferring, Continency, Eating and Ambulation.

Heavy Care Indicators

NOTE: A resident must have a total ADL score of 9 or greater and have one of these indicators to be Class C.

1. Quadriplegia/Paresis Residents

Paralysis (PARAL) greater or equal to 511 AND not equal to 999.

2. Paralysis/Paresis benefiting from rehabilitation

Paralysis/Paresis = 122, 222, 322, 422

AND

Physical Therapy (PT) or Speech Therapy (SPEECH) = 1

3. Degenerative Neurological Disease

One of three diagnoses (Diag-A, Diag-B, Diag-C) = 34000

4. Specialized Feeding

Eating = 5 or 6

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5. Semi-Comatose and Comatose Residents

- a. Orientation (ORIENT) = 5 or Behavior = 5
- b. Orientation = 4 AND Mobility = 5 AND Communication (COMMUN) = 3
AND Walking = 4 AND Wheeling = 5 or 6

6. Daily dressing/wound care

NOTE: Completion of this check box in the “yes” category does not automatically qualify for daily dressing/wound care unless all other criteria is met, which is specified in Chapter VI, page 36.

Dressing = 11

Translation to Three PIRS Classes

	<u>CLASS</u>
IF Total ADL Score = 0 - 6	A
IF Total ADL Score = 7 - 12	B
IF total ADL Score = 9 or greater	C
<u>AND</u> one of the heavy care indicators is noted	

() = Item name on the Nursing Facility PIRS Assessments Profile